

County of Orange Retiree Medical Insurance Plan (RMIP)

Frequently Asked Questions

Q: How do I begin with my retirement process?

A: First step is contacting OCERS with your Intent to Retire information and date 60 days prior to your actual retirement date. OCERS will notify the Benefits Center of your Intent to Retire date at the end of the month in which you complete your OCERS paperwork.

Q: How and when will I get my benefits information?

A: Once the Benefits Center receives your retiree information from OCERS the Benefits Center will calculate the amount of your Retiree Medical Insurance Grant (if eligible) and send to your current home address your personalized Benefits Enrollment Summary (Intent to Retire Package) and Enrollment Guide outlining your retiree health plan options. You should receive this approximately 10 days from the date the Benefits Centers receives the OCERS file.

Q: What will I need to access my benefit information?

A: You will need you Social Security Number and your Personal Identification Number (PIN), included in your Benefits Enrollment Summary, anytime you want to access the County of Orange Benefits Center Website at www.benefitsweb.com/countyoforange.html or call the Benefits Center Resource Line.

Q: What if I don't have my PIN?

A: You can either go to the County of Orange Benefits Center Website at www.benefitsweb.com/countyoforange.html and request a new PIN or call the Benefits Center Resource Line and follow the directions to speak to a Benefits Specialist and it will be mailed to your current home address. For security purposes you will be required to change the PIN the first time you use it.

Q: Who can assist me with my retiree options?

A: You have many tools to provide you the resources you will need to make your retiree elections. You can:

- Visit the Benefits Center Web Site from any computer with internet access 24 hours a day, 7 days a week. Simply type the web site address, www.benefitsweb.com/countyoforange.html, into your browser and press “enter”.
- Speak to a Benefits Specialist toll free at the County of Orange Benefits Resource Line: 1-866-325-2345, Benefits Specialists are available Monday-Friday from 7:30am-5:30pm PT.

The Benefits Center Web Site or a Benefits Specialist can provide information about enrollment and/or eligibility for the Retiree health plans, Retiree Medical Insurance Grant (if eligible), and are available for you to make your retiree health plan elections.

Q: When do I elect my retiree health plan coverage?

A: You can elect your retiree coverage as soon as you receive your Intent to Retire information from the Benefits Center following your meeting with OCERS. If you have not yet retired your election will be pended until your HR department enters your formal County of Orange separation into the system. You will have 30 days from the date on your Benefits Enrollment Summary to make your retiree health plan election.

Q: How do I make my retiree elections?

A: You will need to make your elections via the Benefits Center Web Site at www.benefitsweb.com/countyoforange.html or by calling the Benefits Resource Line and speaking to a Benefits Specialist. If you do not make changes within your 30-day enrollment period you will receive the Automatic Benefits Coverage listed on your Benefits Enrollment Summary.

Q: How can I be certain that my retiree elections have been processed?

A: After you have made your retiree elections or at the end of your 30-day enrollment period, the Benefits Center will send you a Benefits Confirmation Statement that is mailed to your address on file. You will have 10 business days from the date of your confirmation statement to report any errors in your elections.

You can also print a copy of your retiree elections from the Benefits center Web Site after completing your transaction. You can do this by printing a copy by clicking on the “Printer Friendly Icon” at the bottom of the Web page.

Q: What happens if I am on vacation or out of the area when my intent to retire package comes?

A: It is your responsibility to notify the Benefits Center of your retiree medical elections. If you know you will be out of town, plan on calling the Benefits Center toll free at 1-866-325-2345 within your 30-day enrollment period with your election. If you do nothing, you will receive the automatic benefits coverage listed on your Benefits Enrollment Summary and will not be able to make any changes until the next Open Enrollment or you have a qualified life event.

Q: As a County retiree, are HMO's available if I move out of the state of California?

A: No, the current HMO health plans are licensed with the State of California to provide services in specific zip code areas only and are currently not available outside the approved California zip code area.

Q: Is there a lapse in my health plan coverage between my active employment and when my retiree medical health plan becomes effective?

A: No, your employee health plan coverage will be terminated on the last day of the month in which you separate from the County and your retiree coverage will be effective the first day of the month following your County separation/retirement date.

Q: I am currently in the County PPO plan, I am not making any changes, is there a new annual deductible?

A: If you are staying in the same PPO plan, your year to date (YTD) deductible and other annual plan limits remain unchanged. If you change PPO plans there will be a new annual deductible. For example: if you are currently in the Premier Wellwise health plan as an active employee and elect Premier Sharewell as a retiree, you will be responsible for meeting the new annual deductible before the health plan administrator will begin to pay against any new claims submitted.

Q: How do I find what doctors are "In Network" with the County PPO plans?

A: You may visit the PacifiCare website at www.pacificare.com/ocppo, go to the "Doctor Directory" tab and follow the directions or you can call PacifiCare toll free at 1-800-908-9185 and speak to a Specialist who will assist you.

Q: Can I add my spouse at anytime?

A: You may add your spouse during your 30 day enrollment period or if you have an eligible mid-year qualified life event. Otherwise you will have to wait till the next annual open enrollment. For more information please call the Benefits Center and speak to a Benefits Specialist.

Q: How do I pay for my new retiree health plan coverage?

A: Because the initial OCERS pension process can take some time, you will be sent an invoice on a monthly basis for your retiree health plan premium less your Retiree Medical Insurance Grant (if applicable) by Benefits Billing Services. Automatically you will be switched to pension deductions within 90 days from retirement. The Benefits Center will confirm with OCERS that you have a sufficient pension amount is available to cover the premium prior to moving you to pension deduction.

Q: Are there any survivor benefits?

A: Medical insurance is only offered to your eligible survivor if they were a dependent on your health plan at the time of your death and only if they opt to receive their survivor benefits via a monthly OCERS pension check. Eligible survivors will receive 50% of the retiree's Retiree Medical Insurance Grant (if applicable). The death needs to be reported to OCERS at 714-558-6200. OCERS will provide the needed survivor information to the Benefits Center. The Benefits Center will then send any applicable communication necessary. (add link to survivor checklist)

Q: Currently I am Employee Married to Employee, (EME). What happens when one of us decides to retire?

A: You will have various options, depending on if one or both of you are retiring at the same time or if one spouse remains an active employee. Please contact the Benefits Center toll free at 1-866-325-2345 and speak to a Benefits Specialist for more information.

Q: How is my Retiree Medical Insurance Grant calculated?

A: For 2005, the Retiree Medical Insurance Grant is \$15.67 per year of eligible County service. Your grant (if eligible) will be based on eligible service hours to a maximum of 25 full years of service, or \$391.75 per month. The years of service are not rounded up for purposes of calculating the grant. Example: If you have 22.67 years of service, your grant is calculated based on 22 years of service.

Q: Does the Retiree Medical Plan grant amount increase?

A: The current program provides for annual grant increases/decreases equal to the average increase of all the County health plan premiums up to a maximum of 5% each year.

Q: Can I use the Retiree Medical Insurance Grant for purchasing health plan coverage outside what the County offers?

A: No, the current program and tax-free nature of the grant only allows it to be used for County of Orange health plan premiums and/or for Medicare premium reimbursement.

Q: What if I retire but am not eligible for a monthly Retiree Medical Insurance Grant because I am under age 50 and/or have less than 10 years of eligible service?

A: If you are not grant eligible at retirement, you are eligible to receive lump sum payment from the Retiree Medical Plan. The lump sum payment is taxable and generally is equal to 1% of your final average hourly compensation, multiplied by your qualified hours of service after the Retiree Medical Plan's effective date (August 1, 1993). You will receive a letter from the Benefits Center advising how you can make the election to receive your Lump Sum Payment. Once you make the election, you will receive payment within 2 pay periods. The payment will be paid in the same manner in which you received your pay as an active employee.

Q: If I have a change of address whom do I contact?

A: As a retiree you must notify the County of Orange Benefits Center by calling the toll-free number 1-866-325-2345 and following the instructions to speak with a Benefits Specialist. You would also need to contact OCERS and any other association you are affiliated with such as REAOC as none of these agencies share address information.

Q: When I retire what happens to my supplemental benefits?

A: If you retire from the County as a manager or attorney, you should contact the Benefits Center for further information on continuation of certain management and attorney benefits.

All other employees should contact their union or association for further information on continuation of supplemental benefits such as dental, provided through them.

If you contributed to the 457 Defined Contribution plan and or the 401(a) Plan you should contact Great West Retirement Services at 1-866-457-2254, press #2 or visit their web site at www.countyoforangedcplan.com for information.[[What about the 401(a) Plan??]]

Q: As a retiree do I still participate with open enrollment each year?

A: Yes, you will continue to be eligible for Open Enrollment each year. You will be notified by the Benefits Center each fall regarding Open Enrollment for the upcoming calendar year; therefore, it is important to update the Benefits Center with address changes in a timely manner. If the Benefits Center does not have your current address you will not receive your open enrollment materials. Please be sure to read all your open enrollment material even if you do not plan on making any changes. This will be how you find out if there are any changes to the health plans, premiums and/or the Retiree Medical Plan grant amount and where you can confirm your Automatic Benefits Coverage for the upcoming calendar year if you do nothing.

Q: I am 65 years old or older and planning on retiring, do I need to apply for Medicare?

A: Yes, you will need to contact your local Social Security office by calling toll free at 1-800-772-1213. You should apply ninety (90) days prior to your retirement. Medicare “A” is required if you are eligible at no additional cost, Medicare “B” is required and all County of Orange retirees must enroll and pay Social Security the Medicare Part B premium to participate in the County of Orange Retiree Medical Program. Failure to enroll in Medicare when eligible will result in your Retiree Medical Plan grant being suspended and the higher health plan premiums will prevail until proof of Medicare is submitted.

Q: I am 65 years old and planning on retiring, are there any Medicare + Choice HMO’s available?

A: Yes, Kaiser Permanente has a Medicare + Choice option called Kaiser Senior Advantage Plan that is available to all retirees that are over the age of 65 or early Medicare disabled. You will need to be enrolled in either Medicare A & B or Medicare B only. You can elect this option, if eligible, when you make your retiree elections or wait until Open Enrollment. Upon selecting the Kaiser Senior Advantage Plan, you will receive, along with your Benefits Confirmation Statement, a Kaiser Senior Advantage Enrollment form that you must fill out and return directly to Kaiser. You will remain in your current Health Option until such time as Kaiser advises the Benefits center of your approval or denial.

The Benefits Center will then send you another Confirmation Statement advising you of your status and your effective date.

Q: As a new retiree, what do I do about enrolling for Medicare Part D?

A: Effective January 1, 2006, Medicare Part D has been offered as a voluntary prescription drug benefit available to retirees who are enrolled in Medicare Parts A & B or Medicare Part B only. Retirees who choose to enroll in Medicare Part D will be allowed to continue coverage under a County Health Plan with no penalties. If you elect either the Premier Wellwise or Cigna Private Practice plans, retirees are not encouraged to enroll in a Medicare Part D plan as the plan you are enrolled is equal to the Medicare Part D plan offered. Kaiser Senior Advantage retirees, Kaiser will enroll you automatically in Medicare Part D when you assign over your Medicare. If you enroll in Premier Sharewell, you are encouraged to enroll in a Medicare plan, as it not recognized as a creditable coverage plan.

Q: I am deferring my retirement. Will I still be eligible for the Retiree Medical Program once I activate my OCERS pension check?

A: Yes, if you met the program age and service requirements and were covered in a County of Orange health plan at the time you left the County and deferred retirement. You must activate your retiree medical within 30 days of activating your OCERS pension check. Pre-existing conditions will apply if you elect a County PPO plan.

It is strongly recommended that you attend a Retiree Medical Presentation. For location and times please visit our website at <http://www.ocgov.com/hr/employeebenefits/index.asp>.

You can view the Retiree Medical presentation online at www.ocgov.com/hr/employeebenefits.